

NAME (Type or print)		
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/		
FIRM		
STREET ADDRESS		
CITY/STATE/ZIP		
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER	
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	YES	NO
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	YES	NO
ARE YOU A MEMBER OF THIS COURT’S TRIAL BAR?	YES	NO
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY?	YES	NO
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.		
RETAINED COUNSEL	APPOINTED COUNSEL	